State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION	ORDEI  JUDGMENT  APPROVING SETTLEMENT  DISMISSAL		DISCONTINUANCE MED & TEMP OTHER	CASE NO.'S Vicinage:	
Permanent Disability (Describe Percentages.	Nature and exte	nt of Disability, an	nd Members Involve		
DISABILITY AWARDED					
EMPORARY: Weeks at \$	= \$	less \$	pai	d = Balance due \$	
PERMANENT: Weeks at \$					
Medical Bills (Doctors and/or Institutions)					
_				и	
ORDER FOR CHILD SUPPORT  ADDENDUM ATTACHED					
MEDICAL FEE ALLOWED (Expert and/or Testimonial)	TAX IE	DENTIFICATION NUMBER	TOTAL AMT. ALLOWED	PAYABLE BY PETITIONER	PAYABLE BY RESPONDENT
NTERPRETER					
<u> </u>					
ATTORNEY (S) FEE					
STENOGRAPHIC SERVICE					
MISCELLANEOUS FEES					
			· · · · · ·		
WE HEDERY CONSENT TO THE FORM OF THIS ORDER	2				<u> </u>
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VE HEREBY CONSENT TO THE FORM OF THIS ORDEF NND ACKNOWLEDGE RECEIPT OF A COPY.	R				
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